Rate Floor Data

| RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986 Block 1 - Contact Information | | | | | | | | | |
|--|---|------------------|-----------------------------|--|--|--|--|--|--|
| | | | | | | | | | |
| 1 | Carrier Study Area Code | 6 numeric digits | 205050 | | | | | | |
| 2 | Carrier Study Area Name | alpha characters | FRONTIER WEST VIRGINIA INC. | | | | | | |
| 3 | Service Provider Identification Number | 9 numeric digits | 143001432 | | | | | | |
| 4 | Residential Local Service Charge Effective Date | mm/dd/yyyy | 6/1/2015 | | | | | | |
| 5 | Contact Name | alpha characters | Randall Brockmann | | | | | | |
| 6 | Contact Telephone Number (include area code) | 9 numeric digits | (585) 777-1056 | | | | | | |
| 7 | Sheet number | numeric digit(s) | 1 | | | | | | |
| 8 | Total Number of Sheets | numeric digit(s) | 1 | | | | | | |

Block 2 - Residential Local Service Rates, Fees, and Line Counts

| | Column 1 Residential Local Service Charge | | Column 2 State Subscriber Line Charge | Column 3 State Universal Service Fee | | Column 4 Mandatory Extended Area Service Charge | | Column 5 Loops | |
|----|--|---------------|---|--|-----------|--|---|-------------------|--|
| 9 | \$ | 13.45 | \$ - | \$ | - | \$ | - | 16,781 | |
| 10 | \$ | 16.79 | s - | \$ | - | \$ | - | 12,468 | |
| 11 | | in the second | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
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| 26 | | | | | | | | | |
| 27 | Homes | | | | | | | | |
| 28 | | | *** | | | | | | |
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data | | | | | | | | | | |
|---|----------------|---|----------|--------|--|--|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate. | | | | | | | | | | |
| Name of Reporting Carrier: Frontier West | Virginia, Inc. | 300: | 61 | 22/15- | | | | | | |
| Signature of authorized officer Printed name of authorized officer. Allison | Filis | ells | Date | 7.13 | | | | | | |
| Title or position of authorized officer: VP, I | | | | | | | | | | |
| Telephone number of authorized officer: | (919) 941-3005 | | | | | | | | | |
| Study Area Code of Reporting Carrier | 205050 | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2015 | | | | | | | |
| | | | | | | | | | | |